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Application Number	10/553,133
Filing Date	14-OCT-2005
First Named Inventor	Wa Chu
Title	Flat-foldable face-mask and p
Art Unit	3772
Examiner Name	PATEL, NIHIL B
Attorney Docket Number	CHU0101PUSA

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number.

OR

The address associated with Customer Number:

OR

Firm or Individual Name **Mr. Wa CHU**

Address

vBox 882086, Singapore 919191 (vBox can reach me wherever I move in the future)

City

Singapore

State

Zip **919191**

Country

Singapore

Telephone

(65) 81183083

Email

chu.francis@gmail.com

I am the:

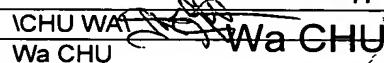
Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature		Date	August 31, 2009
Name	Wa Chu	Telephone	+65 81183083
Title and Company	Mr.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of **1** forms are submitted.

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